## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) American Dental Association Independent Expenditures Committee	FEC IDENTIFICATION NUMBER ▼  C C00488338
Check If Z 24-hour report 48-hour report New report Amends report filed	d on Man / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee Public Opinion Strategies  Mailing Address 214 N. Fayette Street	Date  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Alexandria VA 22314  Purpose of Expenditure Category/ Office	Transaction ID : 11063168  De Sought: House State: AZ
Voter Survey AZ-04 Primary  Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 01 President  Support Oppose
for Office Sought 84007.53	oursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Strategic Impact  Mailing Address 1890 Star Shoot Parkway	Date
#17-250  City State Zip Code  Lexington KY 40509	22381.04 Transaction ID : 11063170
Direct Mail AZ-04 Primary  Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 01 President
Rep. Faul A. Gosal	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30381.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	30381.04
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Dr. Richard Huot  [Electronically Filed]  Signature	08 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y